

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047991

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6579

FILED DEC 19 1963

1. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
b. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>6023 East 16th Street</i>		c. CITY OR TOWN <i>Kansas City</i>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. STREET ADDRESS <i>6023 East 16th Street</i>		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <i>Delia</i>	Middle <i>Ethel</i>	Last <i>Fain</i>	Month <i>December</i> Day <i>4</i> Year <i>1963</i>		
5. SEX <i>female</i>	6. COLOR OR RACE <i>caucasian</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3/7/1895</i>	9. AGE (last birthday) <i>68</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Seamstress</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Cowden Mfg. Co.</i>	11. BIRTHPLACE (City and state or country) <i>Cozad, Nebr.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>
13a. FATHER'S NAME <i>Joseph Robbins</i>		13b. MOTHER'S MAIDEN NAME <i>Amanda Dorran</i>		14. NAME OF HUSBAND OR WIFE <i>Leslie Eugene Fain, Sr.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Leslie E. Fain Sr. 6023 E. 16th K.C., Mo.</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <i>12</i> a.m. <i>3</i> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION		COUNTY STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Hugh H. Owens</i>	(Degree or title) <i>Coroner</i>	22b. ADDRESS <i>152 Union Station</i>	22c. DATE SIGNED <i>12-5-63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>12/6/63</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Moriah Cemetery</i>	23d. LOCATION (City, town, or county) <i>Kansas City, Missouri</i>
24. FUNERAL DIRECTOR <i>Earp &amp; Sons</i>	ADDRESS <i>4707 Truman Rd. K.C., Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>12-5-63</i>	26. REGISTRAR'S SIGNATURE <i>Bessie Smith</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 23 1963

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James W. Earp

Licensed Embalmer No. 4622

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.